



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams

19157-016

Federal Prison Camp

P.O. Box - A Range - 3B

Alderson West Virginia 24910

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

CA 109-0697

VERSUS

CIVIL ACTION NO. TQI-MXR-2009-04881

(Number to be assigned by Court)

Mrs. Amber Nelson Warden

Federal Prison Camp

P.O. Box - A

Alderson West Virginia 24910

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N / A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N / A

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N / A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II. Place of Present Confinement: Federal Prison Alderson Camp

A. Is there a prisoner grievance procedure in this institution?

Yes No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No _____

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And a Tort Claim as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice Williams A. 19157-016

Address: Federal Prison Camp P.O. Box-A Alderson WV 24910

B. Additional Plaintiff(s) and Address(es): Helanthe Jones A

1220 Alabama Street Gadsden, AL 35901

Ali Faridah #58378-066 Federal Prison Camp

P.O. Box-A Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mrs. Amber Nelson

is employed as: The Warden

at Alderson West Virginia 24910

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want the Court to Assist me in Attaining
Monetary Reimbursement for my Containing time of my
Embarrassment, Suffering, Emotional Distress And lost of weight behind this
plus Physical MARKS that remain on my Body Because of the
CARE I ~~never~~ Recieved After my initial Self Health seeking
behavior for a Simple "Rash" received while Working at Landscape
At Alderson Federal Prison Camp period.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes X No _____

If so, state the name(s) and address(es) of each lawyer contacted:

Mr. Roger D. Forman of Forman & Huber L.C. 100 Capitol Street Suite 400
Charleston WV 25301, Jane Moran Law Office Post office Box 221 Williamsburg VA 25666

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

Signed this AW day of June 16, 2009.

Alice A Williams

Federal Prison Camp P.O. Box - A

Alderson West Virginia 24910

Alice A. Williams

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams 19157-016

Federal Prison Camp

P.O. Box - A Range - 3B

Alderson West Virginia 24910

(Enter above the full name of the plaintiff
or plaintiffs in this action).

VERSUS

CIVIL ACTION NO. TRT-MXR-2009-00881
(Number to be assigned by Court)

Mrs. Alice Lowe Assist Warden

Federal Prison Camp

P.O. Box - A

Alderson West Virginia 24910

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

N/A

2. Court (if federal court; name the district; if state court, name the county);

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II. Place of Present Confinement: Federal Prison Camp Alderson

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No _____

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And a Tort Claim as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not:

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O.Box - A Alderson West Virginia 24910

B. Additional Plaintiff(s) and Address(es): Heather Jane A 1020

Alabama Street Gadsden, AL 35901

AL: Faridah #58378-066 Federal Prison Corp

P.O.Box A Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mrs. Alice Lowe

is employed as: The Assistant

at Alderson West Virginia 24910

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document attached

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want the Court to Assist me in attaining
Monetary Reimbursement for my continuing time of my
Embarrassment, Suffering, Emotional Distress and loss of weight
behind this plus Physical Marks that remain on my Body.
Because of the Care I received After my initial self Health
Seeking behavior for a simple "Rash" Received while Working
At Landscape at Alderson Federal Prison Camp period.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes X No _____

If so, state the name(s) and address(es) of each lawyer contacted:

Mrs. Rosen D. Forman of Forman & Huber, L.C., 100 Capitol Street Suite 400 Charleston W.V. 25301, Mrs. Jane Moran Law Office Post Office Drawer 221 Williamson W.V. 25661

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

Signed this AW 16 day of June 16, 2009.

Alice A Williams 19157-016

Federal Prison Corp

P.O. Box - A Range - 3D

Alderson West Virginia 24910

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams

19157-016

Federal Prison Corp

P.O. Box - A Range - 3B

Alderson West Virginia 24910

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. TRI-MXR-2009-00881

(Number to be assigned by Court)

Mr. Blankenship Health Services Administrator

Federal Prison Corp

P.O. Box - A

Alderson West Virginia

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution?

Yes No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No _____

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And a Tort Claim As Well.

2. What was the result? All were denied

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O. Box - A Alderson West Virginia 24910

B. Additional Plaintiff(s) and Address(es): He Lantha A June

1220 Alabama Street Gadsden, AL 35901

Ali Faridah #58378-066 Federal Prison Camp

P.O. Box - A Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mr. Blankenship

is employed as: The Health Service Administrator

at Alderson West Virginia 24910

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want the Court to Assist me in attaining
Monetary Reimbursement for my continuing time of my
Embarassment, Suffering, Emotional Distress and loss of weight
behind this plus physical marks that remain on my body.
Because of the CCRs I received after my initial self Health
Seeking behavior for a simple "Rash" received while working
At Landscape at Alderson Federal Prison Camp period.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes X No _____

If so, state the name(s) and address(es) of each lawyer contacted:

Mr. Roger D. Furman of Furman Huber, L.C. 100 Capitol Street Suite 400 Charleston WV

25301, Mrs. Jane Moran Law Office Post Office Drawer 221 Williamson WV 25661

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

Signed this AW 16 day of June, 2009.

Alice A Williams 19157-016

Federal Prison Camp

P.O. Box-A Range-3B

Alderson West Virginia 24910

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams

19157-016

Federal Prison Camp

P.O. Box - A Range - 30

Alderson West Virginia 24910

(Inmate Reg. # of each Plaintiff)

(Enter above the full name of the plaintiff or plaintiffs in this action).

VERSUS

CIVIL ACTION NO. JRT-MXR-2009-00881

(Number to be assigned by Court)

Dr. Neal Rehberg Osteworth

Federal Prison Camp

P.O. Box - A

Alderson West Virginia 24910

(Enter above the full name of the defendant or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N / A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N / A

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N / A

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Federal Prison Camp Alderson

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No _____

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And a Tunt Claim As Well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O. Box - A Alderson W V 24910

B. Additional Plaintiff(s) and Address(es): Helanthe A Turner

1220 Alabama Street Gadsden, AL 35901

Ali Faridah #58378-066 Federal Prison Camp

P.O. Box - A Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Dr. Neal Rehberg

is employed as: Osteopath at Health Services

at Alderson Federal Prison Camp

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want the Court to Assist me in Attaining
Monetary Reimbursement for my continuing time of my
Embarassment, Suffering, Emotional Distress and loss of weight
behind this, plus Physical MARK's that remain on my Body.
Because of the CARE I received After my initial self Health
Seeking behavior for a simple "Rash" received while working
At Land scape At Alderson Federal Prison Camp period.

V. Relief (continued):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes No _____

If so, state the name(s) and address(es) of each lawyer contacted:

Mr. Roger D. Furman of Furman & Huben L.C. 100 Capitol Street Suite 4100 Charleston,
WV 25301
Mrs. Jane Moran Law office Post Office Drawer 221 Williamson WV 25661

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No

If so, state the lawyer's name and address:

Signed this AW 16 day of June, 2009.

Alice A Williams 19157-016

Federal Prison Camp

P.O. Box - A Alderson West Virginia 24910

Alice A. Williams

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009.
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams

19157-016

Federal Prison Camp

P.O. Box - A Range - 3B

Alderson West Virginia 24910

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. JRT-MXR-2009-00881

(Number to be assigned by Court)

Mrs. D. Renick Physical Assistant

Federal Prison Camp

P.O. Box - A

Alderson West Virginia 24910

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: N/A

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution?

Yes No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No _____

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And A Tort Claim as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O. Box-A Adensum West Virginia 24910

B. Additional Plaintiff(s) and Address(es): Helantra A Jones

1220 Alabama Street Gadsden, AL 35901

Ali Faridah 58378-066 Federal Prison Camp P.O. Box-A

Adensum West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mrs. D. Renick

is employed as: The Physical Assistance Health Service

at Alderson West Virginia 24910

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want the Court to Assist me in attaining
Monetary Reimbursement for my Continuing time of ~~work~~ My
Embarrassment, suffering, Emotional Distress and loss of weight behind
this plus Physical MARKS that remain on my Body.

Because of the CARE I received After my initial self Health
Seeking behavior for a simple "Rash" received while working at
Landscaping Alderson Federal Prison Camp period.

V. Relief (continued):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:
-

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes X No _____

If so, state the name(s) and address(es) of each lawyer contacted:

M.Roger D.Forman of Forman & Huber L.C. 100 Capitol Street Suite 400 Charleston WV
25301, Mrs. Jane Moran Law Office Post office Drawer 221 Williamson WV 25661

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

Signed this Aw 16 day of June, 2009.

Alice Williams A 19157-016

Federal Prison Camp

P.O. Box - A - Range - 3B

Alderson West Virginia 24910

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009.
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams

19157-016

Federal Prison Camp

P.O. Box - A Range-3B

Alderson West Virginia 24910

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. TRT-MRN-2009-00881

(Number to be assigned by Court)

Mr. Billy McMillion, RN Contract Staff

Federal Prison Camp

P.O. Box - A

Alderson

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution?

Yes No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No _____

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And A Tort Claims as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016
Address: Federal Prison Camp P.O. Box - A Adensur West Virginia 24910

B. Additional Plaintiff(s) and Address(es): Helantra A Jones

1220 Alabama Street Gadsden, AL 35901

Ali Faridah 58378-066 Federal Prison Camp P.O. Box - A

Adensur West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mr. Billy McMillan

is employed as: RN Contract Staff at Health Service
at Alderson West Virginia 24910

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want the Court to Assist me in attasning
Monetary Reimbursement for my Continuing time of my
Embarrasment, Suffering, Emotional Distress and lost of weight
behind this plus Physical MARK's that remain on my Body.
Because of the CARE I received after my initial self
Health seeking behavior for a simple "Rash" Recived while
Working at Land scape at Alderson Federal Prison Corp period.

V. Relief (continued):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes No _____

If so, state the name(s) and address(es) of each lawyer contacted:

Mr. Roger D. Forman of Forman & Huben L.C. 100 Capitol Street Suite 400 Charleston WV
25301. Mrs. Jane Moran Law Office Post office Drawer 221 Williamson WV 25661

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No

If so, state the lawyer's name and address:

Signed this AW 16 day of June, 2009.

Alice A Williams 19157-016

Federal Prison Camp

P. O. Box - A Range - 30

Alderson West Virginia 24910

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

